Preparation for practice: a novel role for general practice in pre-foundation assistantships

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Preparation for Practice: A Novel Role for General Practice in Pre-Foundation Assistantships

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ABSTRACT

Background

Hospital-based undergraduate assistantships are now widely established in medical school curricula. They are considered to improve graduates' preparedness for practice in their role as a Foundation doctor. Foundation doctors play a key team role in ensuring patient safety during complex transitions across the hospital / primary care interface, and their self-reported preparedness for practice still varies considerably.

AIMS

We sought to explore what spending one week of the pre-foundation assistantship in General Practice might add.

METHODS

We solicited reflective audio diaries from final year students during a one-week pilot attachment delivered during the post-finals, pre-foundation assistantship period, and performed an iterative thematic analysis on the acquired data.

RESULTS

From this attachment in general practice, students described diverse learning, resulting in improved preparedness for (hospital) Foundation practice across several domains, impacting positively on how they might approach patients in the future. Self-confidence improved due to affirming outcomes and tutor mentorship.

Students deepened their understanding of community healthcare and General Practice; and seeing the 'Patient Journey' across the interface from the patient's perspective helped them contextualise their forthcoming role as Foundation doctors in managing it.

DISCUSSION

We believe that this novel intervention distinctively contributed to preparedness for practice. It aligns with published recommendations about extending the current assistantship model. We suggest it should be incorporated more widely into pre-foundation assistantship curricula.

INTRODUCTION

THE ASSISTANTSHIP AND PREPARATION FOR PRACTICE

Ensuring adequacy of preparedness for clinical practice is a key challenge for medical schools and is at the forefront of the minds of students at the point of transition from medical student to junior doctor.

In the UK, Foundation doctors play a key team role in the hospital admission and discharge of patients. However, they report varying degrees of preparedness for practice. In the National Training Survey (2014) [1], only 70% of doctors agreed with 'I was adequately prepared for my first Foundation post'.

Monrouxe et al [2] consider clinical assistantships to be one of the main transition interventions to help provide optimal training for occupational work readiness and smooth the transition to the Foundation doctor role. Since their introduction in Tomorrow's Doctors (2009), assistantships, described as 'a student, assisting a junior doctor and under supervision undertakes most of the duties of an F1 doctor' [3], are now widely used in preparation for practice (PfP) teaching. These usually take place shortly before starting work as a Foundation doctor, often involve a period of shadowing with existing Foundation Year 1 doctors, and are therefore largely hospital-centric.

Whilst Foundation doctors practise primarily in the hospital setting, their actions have the potential to impact across the much broader context of the entire patient journey. Other studies have described the difficulties and misunderstandings that can arise between primary and secondary care clinicians at the interface, which can adversely influence patient care [4]. Foundation doctors are particularly active in the preparation and completion of medical discharge letters, which are the principal method for communication across the interface, by which healthcare professionals in primary care are informed about new diagnoses, changes in medication and the need for on-going follow-up in the community

THE "GP PRE-FOUNDATION ASSISTANTSHIP"

In the academic year 2012-3, our centre developed and piloted a new PfP initiative: a short 1-week General Practice attachment taking place during the final year 9-week assistantship, in which the students acted as an assistant to the General Practitioner.

This attachment was distinct from and in addition to our broader General Practice teaching, which incorporates exposure during family attachment and clinical skills teaching in years

one and two, a 3-week GP attachment in year four, and a further elective attachment earlier in final year.

This Pre-Foundation attachment, in contrast to our other teaching, and to final year assistantships elsewhere, took place *after* the Final MB exit examination, just before the students started work as Foundation doctors, having reached the end of their undergraduate careers. The intent was to improve work-readiness for Foundation Practice (in the hospital setting), rather than to deliver specific General Practice teaching. This was reflected in the short time this attachment took students away from the hospital setting, where most would start working as Foundation Year 1 doctors.

The aim in doing so was to leverage the distinctive learning opportunities provided by the General Practice setting [5], and that by spending time on the 'other side' of the hospital / home interface, students would develop a deeper understanding of the whole patient journey and the impact of their actions on it for their forthcoming roles as junior hospital doctors.

During the attachment week, students individually spent four days in a GP Practice, and the fifth with 5-6 others alongside a GP facilitator in a peer-assisted 'Cluster Group' to share experiences, present cases, and discuss and reflect upon the material covered during the week. The GP facilitated locality cluster methodology has been used successfully in novel General Practice curricula elsewhere. [6]

For the four days in practice, some of the content was flexible and self-directed whilst there were other activities that were sign-posted for student and tutor as being desirable. Students consulted with patients semi-autonomously, with face-to-face tutor review of each patient after the student consultation. There were two further essential activities, an audit of hospital discharge letters received by the host practice and the 'Patient Journey' task, which required the student to visit, at home, a patient recently discharged from hospital, to discuss the patient's experiences and build a perspective of that journey.

Prior to the visit, the student was required to gather all relevant interface documentation relating to the hospital admission. This included GP notes in the clinical system, referral letters, out-of-hours and Emergency Department attendances, and discharge documentation including medicine reconciliations. The student reflected on the content of the documents prior to visiting the patient and made a summary narrative. During the home-visit they interviewed the patient in order to complete a narrative of the 'Patient

Journey' from the patient's perspective. Each student had an opportunity to debrief with the GP attachment tutor, and to reflect more extensively upon the 'Patient Journeys of all the students attending the peer-assisted Cluster.

The stated themes for the GP Pre-Foundation Assistantship Pilot included patient safety, patient experience, medicines management, and primary-secondary care interfaces. Learning outcomes included knowledge and understanding of effective communication, areas of risk, community healthcare provision, various consulting and practical skills, and describing the patient journey.

STUDY AIMS

We sought to study how, and in which topic areas, the GP component might additionally contribute to the learning from the existing hospital assistantship, to students' development, and to preparedness for Foundation Programme practice.

STUDY METHODOLOGY

Our primary research question sought to establish how medical students described their own learning experience during the week, specifically in terms of development of confidence and preparedness for practice as a junior doctor. Our secondary research question explored how this affected the way they might approach patients in the future, and how this influenced their understanding of the patient journey.

STUDY METHODS

Following Research Ethics Committee approval, in Spring 2015 we recruited final year medical students from the Queen's University Belfast 5-year MB BCh (medical) degree course in advance of their commencing the GP Assistantship Pilot attachment. There were 50 students randomly allocated to take part in the attachment and from this cohort a convenience sample of 12 students was selected to participate based on geographical proximity. All provided informed consent.

PARTICIPANTS (Table 1)

Four participants were female, eight male. One expressed a definite GP career preference, six expressed a preference for a non-GP career, and five were undecided. There was one postgraduate entry student.

Table 1: Participants

IDENTIFIER	AGE	GENDER	Entry status to course: UG or PG	CAREER INTENT
1	28	F	PG	Not GP
2	23	F	UG	Not GP
3	Not Recorded	M	Not Recorded	Not Recorded
4	Not Recorded	M	Not Recorded	Not Recorded
5	23	F	UG	Undecided
6	24	M	UG	Not GP
7	23	M	UG	Undecided
8	25	M	UG	Not GP
9	23	F	UG	Not GP
10	25	M	UG	Undecided
11	23	M	UG	Not GP
12	23	M	UG	GP

DATA CAPTURE

Solicited audio diaries, Monrouxe suggests [7], provide unique insights to the qualitative researcher and provide a narrative vehicle that captures the experiences and perceptions of study participants. We asked the students to record brief (5-10 minute) audio diaries as they participated in the attachment. We offered either a secure smartphone recording app, or use of a Dictaphone to record the diaries. All students opted to use their smartphones.

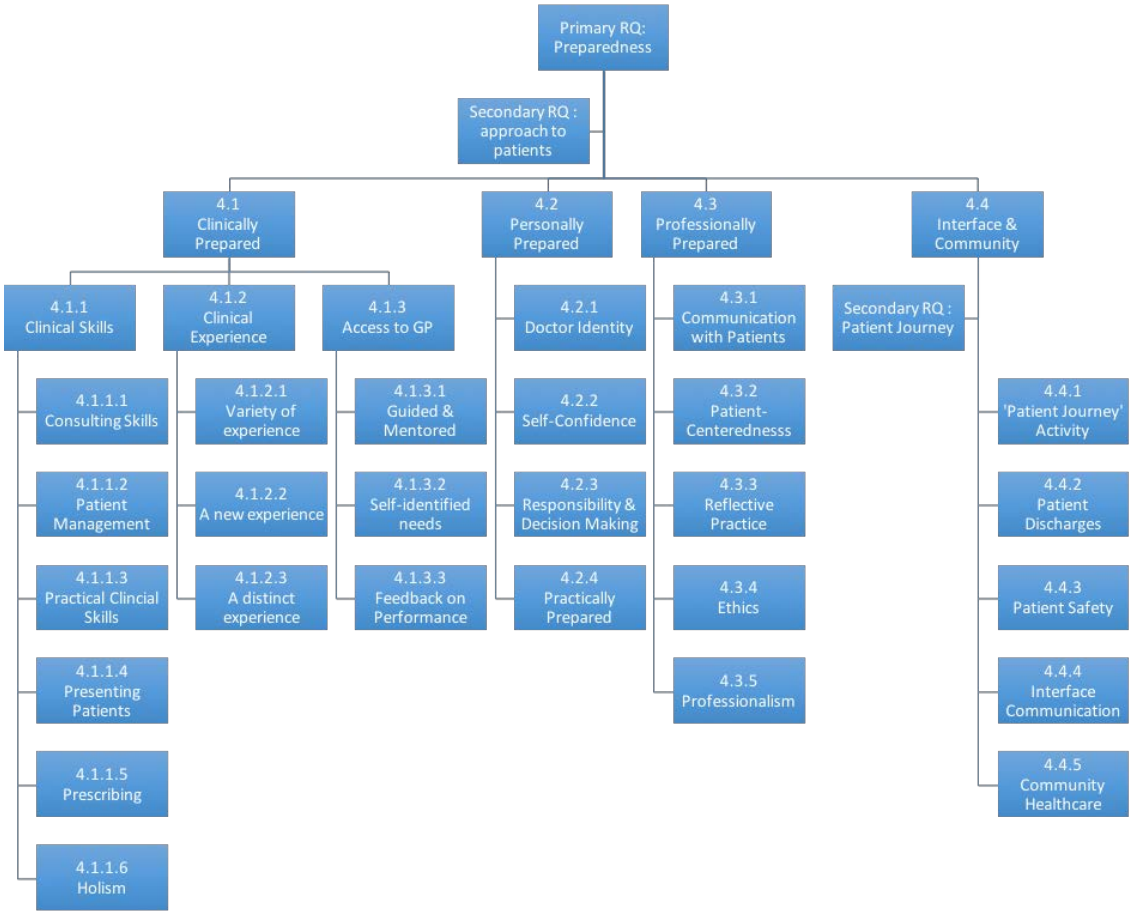
DATA ANALYSIS

One researcher (PR) transcribed the audio recordings verbatim and using NVivo software performed an inductive and iterative thematic analysis of the transcripts to identify themes and structure in the data. A research diary was kept throughout the analysis period this was regularly reviewed to facilitate reflexivity and transparency.

RESULTS

The students provided fifty audio diary recordings of between 5 and 15 minutes' duration, which when transcribed generated over 40,000 words. From these, thematic analysis yielded 715 coded references which aligned to four overlapping themes. A thematic map is provided in Figure 1, also showing alignment of identified themes and subthemes to the research questions.

FIGURE 1. THEMATIC MAP



THEMES ARISING

The first three themes overlapped heavily and centred around related aspects of preparation for individual clinical practice, in the domains of clinical learning, personal (professional identity) development, and developing professionalism. The fourth, more distinct theme was around increased understanding of community healthcare and the

hospital / home interface. The themes along with their subthemes are illustrated in the figure.

CLINICALLY, PERSONALLY, PROFESSIONALLY PREPARED

Students perceived improvements in their consulting, patient management and prescribing skills during the week, in addition to the opportunity to improve practical clinical (procedural) skills, and to think more holistically along biopsychosocial lines, realising that

> "*Just because someone's in hospital doesn't mean that it's entirely medical. It's incredible just how off your judgement could be" (P12).*

They particularly appreciated the supervised autonomy of carrying out full consultations by themselves but with the reassurance of a tutor review at the end of each consultation before the patient left.

> *"The most important, and the best learning outcome of today was through the afternoon surgery, where I was given some patients to see on my own" (P12).*

This afforded the opportunity to move beyond medical history-taking and clinical examination to actually making management decisions for real patients in clinical situations. The timing of the attachment, at the end of the final undergraduate year, meant the students already possessed a broad clinical knowledge base, and were able to apply it to the decision making process.

> *"I just enjoyed trying to make decisions today. I haven't really had to do that before" (P1).*

They were also comfortable working within the limits of their own experience, and knowing when and why to seek help appropriately.

> "*You need to be able to decide whether you're able to manage this or […] escalate this further" (P2).*

GP Tutors in the pilot were perceived to be well prepared in advance, and willing to spend time with the students addressing their self-identified learning needs, and so an ad-hoc mentoring relationship developed in many cases, with timely feedback on performance given.

> *"I was able to get instant feedback from the GP. It was really useful" (P11)*.

Tutor mentorship contributed positively to a sense of personal development in the students, with a sense of transition in professional identity from being a student, to being the doctor. One student commented specifically on the unique timing of the assistantship.

> *"It's a strange position really, it's a half-way house between being a medical student and being a doctor" (P6).*

Another student associated feeling more 'like the doctor' with a developing sense of his patients being 'his own'.

> *"To make it more feel like I am… I'm the doctor, and treating these patients as my own patients" (P8)*.

One student perceived a distinctive feature of the General Practice setting. He believed that in hospitals, expectations for junior doctors were different to senior colleagues.

> *"On the ward. […] patients look at you as a Foundation doctor, and there's almost an expectation that you have limits […] In primary care […] patients don't have that limited expectation of you […] they expect […] to be dealt with like any doctor would" (P4)*

Affirming outcomes from tutor feedback contributed to already developing self-confidence.

> *"I surprised myself what I actually did know" (P2).*

"(It) did a whole lot of good to my confidence to know that I'm along the right lines and I am able to do this on my own" (P12).

This sense of transition continued through the week and was most evident in the peer-assisted discussions at the end.

"When the cluster doctor talked about us being colleagues […] it just taught me to take pride" (P12)

Developing professionalism was discussed implicitly across all the themes, and explicitly by several participants. It was frequently expressed as the importance of good communication with patients, closely aligned to patient-centeredness.

"And the main thing I learnt was, really, the communication to the patient, communicating what's going on" (P8)

The importance of attention to detail in doctor-patient communication was discussed frequently in the 'Patient Journey' activity, which provided examples of good and poor practice.

"*It made me realise that patients, you know, whatever information they receive they take on board" (P4)*.

The negative examples from patients' narratives provided very impactful when discussed in the final cluster groups.

"It's appalling […] On a professionalism front […] To be honest I felt taken aback […] I really do feel that we can learn from this." (P9)

The students' narratives contained rich descriptions of aspiration towards patient-centered practice,

> *"because they're the one that's been affected by the illness, and they're the one that has to live with it" (P8)*.

A discussion with the GP tutor about roles and responsibilities across the hospital / home interface led another student to conclude that

> *"at the centre of this the key thing to think about is what patient centred care is, irrelevant of what seems to be either best or most convenient for primary care or secondary care" (P6).*

Discussions with the GP tutor contained strong positive suggestions for future practice.

> *"so treating patients is more than just an arm that needs a venflon before surgery, […] or a letter filled out for discharge […] Communication is the key do being a good doctor, is kind of the main thing that I took out of today" (P5)*.

INTERFACE AND COMMUNITY

The 'Patient Journey' activity described above was discussed in detail at the final cluster day. This permitted an appreciation of

> *"healthcare, hospital, GP's etc. from the patient's point of view" (P8)*.

Positive and negative experiences were discussed, and the diverse narratives were well received.

> *"The best part of it was probably talking about the patients' journey, and hearing everybody's different experiences" (P1).*

Doing so highlighted some knowledge gaps regarding community healthcare,

"a few patients had been discharged home with packages of care, and a lot of people didn't really understand what this entailed" (P1),

and led to an appreciation of the importance of a holistic approach to patient care.

"And, once again […] caring for the patient as a whole person, not just the medical but also the psychosocial." (P12)

The second compulsory activity of the attachment was an audit of hospital discharge letters received by the practice where the student was attached, with expanded discussion and reflection in the Cluster.

"We spoke about what could be done differently […] because most of us had observed how there was minimal information provided on the drug table as to why certain drugs was started stopped or altered their doses. It is vital for the prescribing GP to know why such action has been taken, to minimise errors as well." (P3)

This resonated with one student in particular.

"[I had] never really considered that, you know, discharge letters being a safety issue before." (P7)

DISCUSSION

By asking students to reflect on their learning as they took part in a novel attachment, we have explored how extending the pre-foundation assistantship into the general practice setting can contribute to preparation for clinical practice.

During this attachment, in just one week of the 9-week hospital assistantship, the students described coherent, rich, diverse, distinctive, self-directed learning, focused on whole-person care, and delivered by accessible GP tutor mentorship, in an environment where we know [8] that membership in a community of practice supports the students' learning needs. Partly by contributing to their developing self-confidence, and taking place at a 'teachable moment' [9], this underpinned a shift from being students to being future

doctors. They described learning about professionalism, communication, and patient-centeredness in addition to simply developing their consultation, management, prescribing, and practical clinical skills.

As participants in the pilot lost an equal amount of time from the hospital work-shadowing component of the assistantship, we specifically searched for negative comments and applied the same methodology to attempt to group these into themes – however subjects did not comment negatively with sufficient frequency to permit a meaningful aggregation into any arising theme.

Foundation doctors spend a significant proportion of their time preparing people for discharge to home. By spending time in the community, and in the patient's home, they were able to develop a better understanding of community healthcare, and by spending time in the patient's home narrating the story of their 'journey', developed a better understanding of the patient perspective. By spending time outside hospital, they were able to develop a deeper understanding of their in-hospital role as Foundation doctors-to-be, in the broader context of the patient's journey.

We believe this is congruent with recently updated GMC guidance [10] requiring undergraduate curricula to provide experiential learning in clinical setting, of increasing complexity, where students are able to function as useful members of the multidisciplinary team, and with a focus on patient safety.

LIMITATIONS AND FURTHER RESEARCH

This qualitative study was exploratory in nature, illuminating the nuances of the students' experiences while taking part in the GP Pre-Foundation Assistantship, and carried out in consideration of whether this new intervention would add something distinctive to our existing curriculum. As is typical in such research, our sample size was deliberately small so that the depth of the analysis was not compromised by sheer volume of text. However, the conclusions are sufficiently compelling that generalisability might be improved by triangulation with data from any other sites delivering comparable programmes in the future, and by gathering further information from this or another cohort later in the Foundation Programme to assess in-situ or retrospective preparedness. The study was not theoretically driven, although much of this learning takes place within the Zone of Proximal

Development described by Vygotsky [11] and on reflection we believe we have provided a firm foundation to inform further, more conceptual research.

CONCLUSION

We conclude that this novel attachment brings added-value to existing hospital-based medical school Pre-Foundation Assistantship programmes. This is of potential relevance to medical educators involved in undergraduate General Practice teaching, and to those designing and delivering Assistantships.

ETHICS STATEMENT

The Joint Research Ethics Committee, Queen's University Belfast, granted approval for this project on 2 April 2015.

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